

**ARKANSAS SCIENCE & TECHNOLOGY AUTHORITY
RESEARCH AND DEVELOPMENT TAX CREDIT PROGRAM**

APPLICATION FORM

----- APPLICANT DATA -----

_____ (Name of Firm or Individual)	_____ (Tax I.D. Number)
_____ (Address)	(____) _____ (Telephone)
_____ (City, State, Zip Code)	

----- COLLEGE OR UNIVERSITY DATA -----

_____ (Name of Institution)	_____ (Contact Person)
_____ (Address)	(____) _____ (Telephone)
_____ (City, State, Zip Code)	

----- QUALIFIED RESEARCH PROGRAM DATA -----

_____ (Title of Research Program)	
_____ (Name of Contact Person)	_____ (Telephone No. of Contact)

----- DONATION DATA -----

Description of Donation: _____

AMOUNT OR VALUE OF DONATION: \$ _____

DATE OF DONATION: _____

_____ (AUTHORIZED SIGNATURE)	_____ (DATE SUBMITTED)
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